

Fill in this information to identify the case:

Debtor name WonderWork, Inc.

United States Bankruptcy Court for the: Southern District District of NY
(State)

Case number (if known): 16-13607 (SMB)

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Please see attached schedule</u>			\$ _____
3.2. _____			\$ _____

4. Other cash equivalents (*Identify all*)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 20,645,787

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. <u>Security Deposit for Rent Adams & Company Real Estate, LLC</u>	\$ <u>56,625</u>
7.2. _____	\$ _____

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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's
interest

11. Accounts receivable

11a. 90 days old or less: Please see the attached schedule - = →
face amount doubtful or uncollectible accounts \$ _____
11b. Over 90 days old: - = →
face amount doubtful or uncollectible accounts \$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ Please see attached schedule

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes. Fill in the information below.

Valuation method
used for current value

Current value of debtor's
interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. All investments are listed on the attached Schedule in response to Question 3 _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

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Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$		\$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies	MM / DD / YYYY	\$		\$
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

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33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value \$ Valuation method Current value \$

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Desks, Chairs, Conference Room Table	\$ 16616	in excess of \$1,000 over 5 years	\$ 16616
40. Office fixtures			
N/A	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
Computers	\$ 3737	in excess of \$1,000 over 3 years	\$ 3737
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 N/A	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 20352

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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46. Does the debtor own or lease any machinery, equipment, or vehicles?

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Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 411 Fifth Avenue, Suite 702, New York, NY 10016	Lessee	\$		\$ Unknown
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$ Value unknown
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$ Value unknown
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount — _____ doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <u>20,645,787</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <u>5,625</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>1,042,500</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <u>see line 80</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <u>0</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <u>0</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ <u>20,352</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <u>5,430</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ <u> </u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <u>unknown</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ <u> </u>	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>21,770,674</u>	+ 91b. \$ <u> </u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>21,770,674</u>

3. Checking, savings, money market, or financial brokerage accounts

	Type of Account	Last 4 Digits of Account Number	Current Balance
HSBC			
HSBC WW	Checking	9896	\$ 553,269.00
HSBC 20/20/20	Checking	4089	\$ 802,650.00
HSBC BurnRescue	Checking	4512	\$ 336,228.00
HSBC 1stStep	Checking	4679	\$ 357,210.00
PayPal			
wonderwork.org	Credit Card Processor		\$ 56,990.29
20x20x20.org	Credit Card Processor		\$ 186,912.08
BurnRescue.org	Credit Card Processor		\$ 5,387.25
1stStep.org	Credit Card Processor		\$ 65,143.73
Vanguard		7064	
Money Market		9446	\$ 17,948,454.71
Brokerage Account		7064	\$ 333,541.82
			\$ -

Add lines 2 through 4 (including amounts on any additional sheets).

Total

\$ 20,645,786.88

Part 3: Accounts receivable

11. Accounts Receivable

11a. 90 days old or less

None

11b. Over 90 days old

\$ 42,500.00

\$ 1,000,000.00

12. Total of Part 3

\$ 1,042,500.00

Fill in this information to identify the case:

Debtor name WonderWork, Inc.
United States Bankruptcy Court for the: Southern District District of NY
(State)
Case number (if known): 16-13607 (SMB)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

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Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value
of collateral.

Column B
**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2. Creditor's name</p> <p>_____</p> <p>Creditor's mailing address</p> <p>_____</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>_____ \$ _____ \$ _____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
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<p>2. Creditor's name</p> <p>_____</p> <p>Creditor's mailing address</p> <p>_____</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>_____ \$ _____ \$ _____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
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Fill in this information to identify the case:

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United States Bankruptcy Court for the: Southern District District of NY
(State)
Case number 16-13607 (SMB)
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.2 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.3 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

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Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address <u>Action Mailers</u> <u>90 Commerce Drive</u> <u>Aston, PA 19014</u></p> <p>Date or dates debt was incurred <u>Aug 2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 18,839.14</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address <u>Action Without Borders</u> <u>302 Fifth Avenue, 11th Floor</u> <u>New York, NY 10001</u></p> <p>Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address <u>ADP, LLC</u> <u>1851 N Resler Drive, M100</u> <u>El Paso, TX 79912</u></p> <p>Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address <u>Adams & Company Real Estate, LLC</u> <u>411 Fifth Avenue</u> <u>New York, NY 10016</u></p> <p>Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address <u>Adams & Company Real Estate, LLC</u> <u>P.O. Box 95000-5385</u> <u>Philadelphia, PA 19195-5385</u></p> <p>Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address <u>Allied Printing Resources</u> <u>33 Commerce Road</u> <u>Carlstadt, NJ 07072</u></p> <p>Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address American Arbitration Association 950 Warren Ave. East Providence, RI 02914	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 0
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,338.10
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address American List Counsel, Inc. PO Box 416030 Boston, MA 02241-6030	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Ameritas Life Insurance PO Box 82582 Lincoln, NE 68501-2582	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address BBB Wise Giving Alliance National Charity Seal Program 3033 Wilson Boulevard #600 Arlington, VA 22201	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

WonderWork, Inc.

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16-13607 (SMB)

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Bill & Ann Ziff Foundation 350 Park Avenue, 4th Floor New York, NY 10022 Date or dates debt was incurred <u>May 2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>845,500</u>
3.	Nonpriority creditor's name and mailing address Blue Chalk Media 68 Jay Street Suite 201 Brooklyn, NY 11201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0</u>
3.	Nonpriority creditor's name and mailing address Bura Construction Corp. 37-24 24th Street LIC, NY 11101 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0</u>
3.	Nonpriority creditor's name and mailing address CDR Fundraising Group 16900 Science Drive Suite 210 Bowie, MD 20715 Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>32,500</u>
3.	Nonpriority creditor's name and mailing address CENVEO Commercial Env Products PO Box 802035, Chicago, IL 60680-2035 Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,949.13</u>

Debtor WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Christina Sotelo 26 Madeline Ave. Clifton, NJ 07011 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 465.25
3.	Nonpriority creditor's name and mailing address Color Tree Group 8000 Villa Park Drive Henrico, VA 23228-6500 Date or dates debt was incurred <u>Sept 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>serviced rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 21,719.22
3.	Nonpriority creditor's name and mailing address Communications Corporation of America 13195 Freedom Way Boston, VA 22713 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,714.26
3.	Nonpriority creditor's name and mailing address Copilevitz & Canter, LLC 310 West 20th Street Suite 300 Kansas City, MO 64108 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 570.93
3.	Nonpriority creditor's name and mailing address Corporate Press Inc. 9700 Philadelphia Court Lanham, MD 20706 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,078.69

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Case number (if known) 16-13607 (SMB)

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address CSI Cleaning Service Industries, Inc. 1384 Broadway Suite 408 New York, NY 10018 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 0 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address Dettter Family Foundation 11519 Aerie Lane Naples, FL 34120 Date or dates debt was incurred <u>Aug 2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 106,833.33 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address Development Resources Inc. 1820 N.Fort Meyer Drive, Suite 702 Arlington, VA 22209 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 10,000 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address Direct Mail Processors, Inc. 1150 Conrad Ct. Hagerstown, MD 21740 Date or dates debt was incurred <u>Sept 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 11,290.96 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address Direct Mail Solutions 4500 Sarellen Road Richmond, VA 23231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 0 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

WonderWork, Inc.

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16-13607 (SMB)

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address <u>DMI Data Management Inc.</u> <u>PO Box 846</u> <u>Stoneville, NC 27048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>4,628.12</u>
	Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>E1 Digital Direct</u> <u>491 McClurg Road</u> <u>Boardman, OH 44512</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>15,098.74</u>
	Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>First Rehab Life</u> <u>600 Northern Blvd.</u> <u>Great Neck, NY 11021</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Five Star Carting, Inc.</u> <u>58-35 47th Street</u> <u>Maspeth, NY 11378</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Foundation Center</u> <u>79 Fifth Avenue</u> <u>New York, NY 10003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Debtor

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Gary G. Ellis</u> <u>1405 Clark Springs Drive</u> <u>Keller, TX 76248</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>GUARD Insurance Company</u> <u>PO Box 62479</u> <u>Baltimore, MD 21264-2479</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Harvard Club of New York City</u> <u>35 West 44th Street</u> <u>New York, NY 10036-6645</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>HelpMeSee, Inc.</u> <u>20 West 36th Street, Floor 4</u> <u>New York, NY 10018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____	\$ <u>16,059,833.50</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>IDMI</u> <u>490 White Pond Drive</u> <u>Akron, OH 44320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u>	\$ <u>1,628.52</u>
	Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Debtor

Name

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Infogroup</u> <u>PO Box 3243</u> <u>Omaha, NE 68103</u>	As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Intelligencer</u> <u>PO Box 1328</u> <u>Lancaster, PA 17608-1382</u>	As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>JAMS</u> <u>620 Eighth Ave. 34th floor</u> <u>New York, NY 10018</u>	As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Jones Day</u> <u>222 East 41st Street</u> <u>New York, NY 10017-6702</u>	As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Joseph Mullaney</u> <u>512 River Road</u> <u>Westport, MA 02790</u>	As of the petition filing date, the claim is: <u>\$ 110,750</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u>	
	Date or dates debt was incurred <u>Aug 2013</u> Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Debtor

Name

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address Kaye Scholer (Arnold & Porter Kaye Scholer) 250 West 55th Street New York, NY 10019 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ unknown
3.	Nonpriority creditor's name and mailing address Kaplan Kravet & Vogel P.C. 630 Third Avenue, 5th floor New York, NY 10017-6705 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,259.03
3.	Nonpriority creditor's name and mailing address Koala Design Attn: Mike Schell 1606 NE 1st Street Fort Lauderdale, FL 33301 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,500
3.	Nonpriority creditor's name and mailing address KPMG LLP Dept. 0511, PO Box 120511 Dallas, TX 75312-0511 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address L&E Meridian 8000 Corporate Court Springfield, VA 22153 Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,359.48

Debtor WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Lincoln National Life Insurance Company PO Box 7247-0477 Philadelphia, PA 19170-0477 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Log-On 520 Eighth Avenue - 14th floor New York, NY 10018-6507 Date or dates debt was incurred <u>Sept 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 43,282.67
3.	Nonpriority creditor's name and mailing address Mac-Tech, LL 594 Broadway #404 New York, NY 10012-3234 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Mail America Communications PO Box 870 Forest, VA 24551 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Maria Ferrari 150 West 25th Street #605 New York, NY 10001 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 275

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<u>3.</u> Nonpriority creditor's name and mailing address <u>Market Wired</u> <u>100 N. Sepulveda Blvd., Suite 325</u> <u>El Segundo, CA 90245</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
---	--

<u>3.</u> Nonpriority creditor's name and mailing address <u>Marsh & McLennan Agency LLP</u> <u>PO Box 405591</u> <u>Atlanta, GA 30384-5591</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<u>3.</u> Nonpriority creditor's name and mailing address <u>Mastek Ltd</u> <u>SDF IV, Seepz, Andheri (E)</u> <u>Mumbai 400096 India</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
---	--

<u>3.</u> Nonpriority creditor's name and mailing address <u>MDI Imaging and Mail</u> <u>21955 Cascades Parkway</u> <u>Dulles, VA 20166</u> Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <u>\$ 4,657.64</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<u>3.</u> Nonpriority creditor's name and mailing address <u>Meadowlark Foundation</u> <u>P.O. Box 860</u> <u>Saratoga Springs, NY 12866-0860</u> Date or dates debt was incurred <u>Jan 2014</u> Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <u>\$ 524,833.33</u> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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WonderWork, Inc.

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16-13607 (SMB)

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Metlife Investors USA Insurance Co. PO Box 371487 Pittsburgh, PA 15250-7487 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Names in the News 180 Grand Avenue, Suite 1545 Oakland, CA 94612-3799 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address National Fundraising Lists 16900 Science Drive Suite 210 Bowie, MD 20715 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address National Graphics PO Box 508, Route 139 North Branford, CT 06471-0508 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Nestle Pure Life Direct PO Box 856192 Louisville, KY 40285-6172 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 22.33

WonderWork, Inc.

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Case number (if known) 16-13607 (SMB)

Debtor

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address New Channel Direct 2659 Center Road Hinckley, OH 44233-9562 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Nextiva 8800 E Chaparral Rd. Ste 300 Scottsdale, AZ 85250 Date or dates debt was incurred Nov 2016 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 527.56
3.	Nonpriority creditor's name and mailing address NYS Department of Law Office of the Attorney General Charities Bureau - Registration Section 120 Broadway, New York, NY 10271 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Oxford Health Plans PO Box 1697 Newark, NJ 07101-1697 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Paradysz Matera Co. Inc. 5 Hanover Square 6th floor New York, NY 10004 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0

WonderWork, Inc.

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16-13607 (SMB)

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Passport Plus</u> <u>20 East 49th Street 3rd floor</u> <u>New York, NY 10017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>PayPal Inc.</u> <u>2211 N First St.</u> <u>San Jose, CA 95131</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Philadelphia Insurance Companies</u> <u>PO Box 70251</u> <u>Philadelphia, PA 19176-0251</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>847.05</u>
	Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Print Mail Communications</u> <u>4333 Davenport Road</u> <u>Fredericksburg, VA 22408</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>ProList Direct Marketing Services</u> <u>4510 Buckeystown Pike, Suite M</u> <u>Frederick, MD 21704-7539</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

WonderWork, Inc.

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Rainforest Inc. 420 5th Ave. 27th floor New York, NY 10018 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Resource One 2900 E. Apache Tulsa, OK 74116 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,165.80
3.	Nonpriority creditor's name and mailing address RR Donnelley 14880 Sweitzer Lane Laurel, MD 20707-2913 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address RST Associates, Inc. 1272 Corporate Park Drive Forest, VA 24551 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Sard Verbinnen & Co. LLC 630 Third Ave. New York, NY 10017 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0

Debtor

WonderWork, Inc.

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address ShelterPoint Life PO Box 220727 Great Neck, New York 11021	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 0
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Skyline Credit Ride Inc. 52-29 35th Street Long Island City, NY 11101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address SMS Direct 8461 Virginia Meadows Drive Manassas, VA 20109	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Target MarkeTeam 600 Northpark Town Center, Suite 1600 1200 Abernathy Rd NE, Atlanta, GA 30328	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address TASC 2302 International Lane Madison, WI 53704-3140	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

WonderWork, Inc.

Case number (if known) 16-13607 (SMB)

Name

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address The Bridgespan Group 112 West 34th Street Suite 1510 New York, NY 10120 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address The Holewinski Group 253 Rainbow Drive #15398 Livingston, TX 77399 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 120
3.	Nonpriority creditor's name and mailing address The Raphael & Diana Vinoly Foundation 350 Fifth Avenue, 41st Floor New York, NY 10118 Date or dates debt was incurred <u>Sept 2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 60,083.33
3.	Nonpriority creditor's name and mailing address The US Life Insurance Co. PO Box 305045 Nashville, TN 37230-5045 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0
3.	Nonpriority creditor's name and mailing address Thompson Family Foundation 660 Newport Center Dr., Ste 1220 Newport Beach, CA 92660 Date or dates debt was incurred <u>May 2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,954,166.67

Debtor

WonderWork, Inc.

Case number (if known) 16-13607 (SMB)

Name

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address Tri-State Envelope Corp. PO Box 433 Beltville, MD 20704-0433 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,841.32</u>
3.	Nonpriority creditor's name and mailing address Union ID and Mail 8516 Rainswood Drive Landover, MD 20785 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,311.81</u>
3.	Nonpriority creditor's name and mailing address Valtim Marketing Solutions PO Box 809 Forest, VA 24551 Date or dates debt was incurred <u>Oct 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,967.73</u>
3.	Nonpriority creditor's name and mailing address Vanguard c/o Ascensus, PO Box 28067 New York, NY 10087 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0</u>
3.	Nonpriority creditor's name and mailing address VedderPrice PC 8677 Solution Center Chicago, IL 60677-8006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0</u>

Debtor

WonderWork, Inc.

Case number (if known) 16-13607 (SMB)

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Wells Fargo Financial Leasing PO Box 10306 Des Moines, IA 50306-0306 Date or dates debt was incurred <u>Dec 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>452.50</u>
3.	Nonpriority creditor's name and mailing address Workwell Partners 6 East 32nd Street, 8th Floor New York, NY 10016 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0</u>
3.	Nonpriority creditor's name and mailing address XPO Logistics PO Box 2693 New York, NY 10108 Date or dates debt was incurred <u>Nov 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>40.28</u>
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Debtor

WonderWork, Inc.
Name

Case number (if known) 16-13607 (SMB)

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

WonderWork, Inc.
Name

Case number (if known) 16-13607 (SMB)

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
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4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
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4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+

\$ 25882442.4

5c. Total of Parts 1 and 2

5c.

\$ 25882442.4

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name WonderWork, Inc.
United States Bankruptcy Court for the: Southern District District of NY
Case number (if known): 16-13607 (SMB) Chapter 11
(State)

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Lease of office space located at 411 Fifth Avenue, New York, NY 10016	411 5th Ave Associates Adams & Company Real Estate LLC Agent PO Box 95000-5385 Philadelphia PA 19195-5385
	State the term remaining	December 2020	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	Printer and copy machine Kyocera/TASKalfa 3050ci	Wells Fargo Financial Leasing PO Box 10306Des Moines IA 50306-0306"
	State the term remaining	November 2017	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	Direct Mail list rental	ALC - list management 750 College Road East, 2nd floor, Princeton, NJ 08540
	State the term remaining	Automatic Renewal each year	
	List the contract number of any government contract	Sept 17, 2015 - Auto renewal	
2.4	State what the contract or lease is for and the nature of the debtor's interest	List exchange with other charities	ALC - brokerage 50 College Road East, 2nd floor, Princeton, NJ 08540
	State the term remaining	Automatic Renewal each year	
	List the contract number of any government contract	Sept 17, 2015 - Auto renewal	
2.5	State what the contract or lease is for and the nature of the debtor's interest	Caging/processing of donations	DMP Direct Mail Processors 1150 Conrad Court, Hagerstown, MD 21740
	State the term remaining	May 14, 2012 - Auto renewal	
	List the contract number of any government contract		

Debtor WonderWork, Inc.
Name

Case number (if known) 16-13607 (SMB)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.	State what the contract or lease is for and the nature of the debtor's interest	Database management	DMI
	State the term remaining	September 2017	160 Stone St., Stoneville, NC 27048
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest	Direct marketing agency that oversees and manages direct mail	CDR
	State the term remaining	Jan 2, 2015 - Auto renewal	16900 Science Drive, Suite 210, Bowie, MD 20715
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest	Program data warehouse development	Mastek Ltd
	State the term remaining	Sept 2016-Sept 2017	804/805 President House, Opp. CN Vidyalaya
	List the contract number of any government contract		Near Ambawadi Circle
			Ahmedabad 380 006 India
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name WonderWork, Inc.

United States Bankruptcy Court for the: Southern District District of NY
(State)

Case number (if known): 16-13607 (SMB)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.1	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

3.